



STATE  
OF  
GEORGIA

233-11  
7 Application for  
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES & HISTORY  
RECORDS MANAGEMENT DIVISION

PAGE  
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1. Application Date 4-1-74	<b>INSTRUCTIONS:</b> See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-DBP-4		Date Received APR - 5 1974	Application No. 74-115 Date Completed APR 15 1974
3. AGENCY, Division, Subdivision & Administering Office Address Dept. of Human Resources Division of Benefit Payments Medicaid Benefits - Accounting Room 407 - H 47 Trinity Avenue, S. W. Atlanta, Georgia 30334		4. Person to Contact Bari Kerr	
		5. Working Title Staff Supervisor	6. Tel. No. 656-4961

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;  
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;  
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series July 72 - present	9. Exact Series Title MEDICAID REFUND PAYMENT FILES
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10. What is the function of the office in which this record series is created?

The Division of Benefit Payments, headed by the Director, is responsible for supervising and regulating the Assistance Programs for indigents in the State. Included are:

1. the Assistance Programs which provide food and monetary assistance (Assistance Payment Section)
2. the Assistance Program which provides Medical Care for indigents (Medicaid Benefits Section) \*

\* The Medicaid Benefits Section coordinates the medical care assistance program for eligible recipients. Assistance payments are distributed for services rendered by physicians, hospitals and medical care related vendors.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the overpayments of Medicaid Assistance Funds to Medicaid Vendors (Physicians, hospitals, nursing homes and other health facilities) and the subsequent refunding of these overpayments to the Department of Human Resources.

Includes, but is not limited to, requests for refunds from Medicaid vendors, information pertaining to Medicaid Services for which refunds are being requested, correspondence pertaining to the recipient's private health insurance coverage, audit reports for drug refunds and an EDP summary listing of refunds received for each month.

The file is arranged chronologically by month.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records		
Letter-size File Drawers	4	6			4	6	
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)		
				7			
				This Year's	Last Year's	Preceding Year's	All Prior Years
			AVERAGE DAILY REFERENCES	4	1	1	1

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series?  
Duplicate copies are held by facilities other than state agencies. ☒ [x] ☐ [ ]
14. Is there a duplication of this series in another office or agency? ☐ [ ] ☒ [x]
15. Is the information contained in this series ever summarized or published?  
Attach copy of summary or publication. ☐ [ ] ☒ [x]
16. Does the series contain classified information requiring security handling? ☐ [ ] ☒ [x]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [ ] ☒ [x]
18. Could the function be performed if the files were lost or destroyed? ☒ [x] ☐ [ ]
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [ ] ☒ [x]
20. Does the record series provide data as input to an EDP file?  
A summary print-out is included in File Series. ☒ [x] ☐ [ ]
21. Does the record series contain documentation produced as EDP printout?  
A summary print-out is included in File Series. ☒ [x] ☐ [ ]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [ ] ☒ [x]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [ ] ☒ [x]

24. REQUIREMENTS. The following requires the files to be kept 4 years:

- a. ☐ [ ] STATE LAW b. ☐ [ ] STATUTE OF LIMITATION c. ☐ [ ] AUDIT PERIOD d. ☐ [ ] FEDERAL LAW e. ☒ [x] ADMINISTRATIVE DECISION f. ☐ [ ] HISTORICAL VALUE  
(Cite Law, Statute, or other reason for the retention requirement)

It has been our experience that the most frequent reference occurs within 4 years after the refund has been received. These documents are also used in support of Medicaid Expenditure Voucher Files. # 224

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ [ ] CALENDAR YEAR ☒ [x] FISCAL YEAR ☐ [ ] OTHER \_\_\_\_\_, then:

- ☒ [x] Hold in the current files area \_\_\_\_\_ month(s)/ 1 year(s):  
☒ [x] Transfer to ☒ [x] State Records Center ☐ [ ] Local Holding Area; hold 3 year(s):  
☒ [x] Destroy: \_\_\_\_\_  
☐ [ ] Transfer to State Archives for permanent retention.  
☐ [ ] Destroy immediately after cut-off.  
☐ [ ] Other: (Specify) \_\_\_\_\_

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature) <i>William G. Kees</i>		Date <i>Apr 2 '74</i>	OTHER REQUIRED SIGNATURES	DATE
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [ ] Disapproved		<i>Baris P. Kerr</i>	<i>4-2-74</i>
	State Auditor/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [ ] Disapproved		<i>William M. Dyer</i>	<i>4-11-74</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [ ] Disapproved		<i>Carroll Hart</i>	<i>4-10-74</i>
	Attorney General/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [ ] Disapproved		<i>H. M. Thelen</i>	<i>4-12-74</i>
STATE RECORDS COMMITTEE				